

ENTRY NO. 00986986

12/31/2013 03:55:29 PM B: 2223 P: 0044

Affidavit PAGE 1/3

MARY ANN TRUSSELL, SUMMIT COUNTY RECORDER

FEE 15.00 BY SHELDON SMITH



When recorded, mail to:

Sheldon A Smith
P.O. Box 972
Coalville, Utah 84017

AFFIDAVIT

STATE OF UTAH)

COUNTY OF SUMMIT

I, Sheldon A Smith, being of legal age and being first duly sworn, depose and state as follows: Charles Ernest Wilde, the decedent in the attached certificate of death is the same person as Charles Ernest Wilde named as a party in the Warranty Deed dated the 24th day of June, 1954 as Entry Number 84104 in the records of the Summit County Recorder, Summit County, Utah.

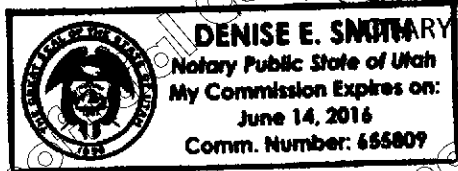
This Affidavit is given to terminate the decedent's interest in the following described property located in Summit County, State of Utah, to wit:

- (1) BEH-II-10 IN THE BEACON HEIGHTS SUBDIVISION, SUMMIT COUNTY, STATE OF UTAH. TAX IDENTIFICATION NUMBER: BEH-II-19
- (2) BEGINNING 1056 FEET SOUTH 0°46' EAST OF THE NORTHEAST CORNER OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 2 NORTH, RANGE 5 EAST, SALT LAKE BASE & MERIDIAN, THENCE SOUTH 0°46' EAST 994.65 FEET, THENCE NORTH 88°31' WEST 2450.27 FEET, THENCE NORTH 0°46' WEST 994.65 FEET, THENCE SOUTH 88°31' EAST 2449.73 FEET TO THE POINT OF BEGINNING. TAX IDENTIFICATION NUMBER: NS-440

Dated this 30th day of December, 2013.

Sheldon A Smith
Affiant

SUBSCRIBED AND SWORN to before me this 30th day of December, 2013.



STATE OF UTAH

CERTIFICATION OF VITAL RECORD

AUG 30 1979 29-0644-00 7 9 0 7 3 3

CERTIFICATE OF DEATH
STATE OF UTAH - DIVISION OF HEALTH

79 005181

| | | | | | | |
|---|---|--------------------|---|--|---|--|
| 45 | NAME OF DECEDENT CHARLES ERNEST WILDE | SEX Male | RACE White | DATE OF BIRTH (Mo., Day, Year) Aug. 20, 1888 | AGE LAST BIRTHDAY 90 | DATE OF DEATH (Mo., Day, Year) Aug. 11, 1979 |
| DECEDENT PERSONAL DATA | WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify) | | EDUCATION - Specify only highest grade completed: Elementary or Secondary (6-12) <input type="checkbox"/> College (13-16) <input type="checkbox"/> Postgraduate <input type="checkbox"/> | | SOCIAL SECURITY NUMBER Confidential | |
| | RESIDENCE (State or foreign country) Utah | | CITY OR TOWN Henefer | | COUNTY Summit | |
| USUAL RESIDENCE | CITY OR TOWN Henefer | | COUNTY Summit | | STATE Utah | |
| | CITY OR TOWN Henefer | | COUNTY Summit | | STATE Utah | |
| PLACE OF DEATH | NAME OF HOSPITAL, nursing home or other institution where death occurred. If outside an institution, give street address. H. Ogden Conv. Center | | CITY OR TOWN Ogden | | COUNTY Weber | |
| | NAME OF HOSPITAL, nursing home or other institution where death occurred. If outside an institution, give street address. H. Ogden Conv. Center | | CITY OR TOWN Ogden | | COUNTY Weber | |
| MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION | MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the cause stated below based on examination of the body and/or investigation of the circumstances. If not certified by medical examiner, see report on back YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If not certified, what the cause was reported: see back) | | PHYSICIAN OR MEDICAL EXAMINER SIGNATURE Alan R. Abdulla MD | | TIME OF DEATH (Mo., Day, Year) 8:17-79 | |
| | MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the cause stated below, and I sponsored the certificate, and I was the attending physician. If not certified by medical examiner, see report on back YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If not certified, what the cause was reported: see back) | | CERTIFIER'S NAME AND TITLE (Type of office) Alan R. Abdulla MD | | CERTIFIER'S ADDRESS AND ZIP CODE 3905 Harrison Blvd. Ogden, Utah 84403 | |
| FUNERAL DIRECTOR AND LOCAL REGISTRAR | DATE OF BURIAL Aug. 15, 1979 | | SIGNATURE OF Funeral Director Walter Mortuary Morgan, Utah | | FURNERAL HOME - Name, address and license number Walter Mortuary Morgan, Utah | |
| | NAME AND LOCATION OF CEMETERY OR CREMATORY Coalville Cemetery Coalville, Utah | | LOCAL REGISTRAR SIGNATURE Barbara Eckert | | DATE RECEIVED BY REGISTRAR BY LOCAL REGISTRAR Aug. 22, 1979 | |
| CAUSE OF DEATH | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: G. H.F. | | USE TO, OR AS A CONSEQUENCE OF: H.S.A.D. | | FURTHER CAUSE (State and cause) Heart failure | |
| | PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. | | USE TO, OR AS A CONSEQUENCE OF: H.S.A.D. | | FURTHER CAUSE (State and cause) Heart failure | |
| INJURY INFORMATION | Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> DATE OF INQUIRY (Mo., Day, Year) Aug. 15, 1979 | | TYPE OF DEATH (Dallas Code) 19 | | PLACE OF DEATH (Specify: home, farm, factory, hospital, office, highway, etc.) Home | |
| | LOCATION OF INQUIRY - STREET AND NUMBER OR LOCATION AND CITY OR TOWN Henefer, Utah | | CHECK ONE (Type of injury) to Special Registrar (Form 15) 19 | | CHECK ONE (Type of injury) to Special Registrar (Form 15) 19 | |

TYPE OR PRINT - USE BLACK INK

DATE ISSUED
DEC 20 2013

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Janice L. Houston
Janice L. Houston
State Registrar
Rev. 6/13

00986986
* 064157852 *

UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

UTAH STATE DIVISION OF HEALTH
AFFIDAVIT TO AMEND A RECORD 148 79 005181

29 0644 00

LOCAL CERTIFICATE NUMBER

BIRTH DEATH FETAL DEATH

STATE CERTIFICATE NUMBER

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

| | | |
|--|--|--|
| 1. FIRST NAME Charles | 10. MIDDLE NAME Ernest | 11. LAST NAME Wilde |
| 2. SEX Male | 3. DATE OF EVENT Aug. 11, 1979 | 4. PLACE OF OCCURRENCE Ogden, Weber County |
| 5. NAME OF FATHER Thomas Wilde | | 6. MAISEN NAME OF MOTHER Fannie Gunn |

MAKE NO CORRECTIONS ABOVE THIS LINE

STATEMENT OF AMENDMENTS

| | | |
|-------------------|---|--|
| 7. ITEM OR NUMBER | 8. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD | 9. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE |
| 5 | Date of Birth: August 20, 1888 | August 20, 1887 |
| 6 | Age (Last Birthday): 90 Years | 91 Years |

WHY IS CHANGE NECESSARY?

1. To correct birthdate and age of the deceased

OATH OF FIRST WITNESS

I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.

| | | |
|---|---|--|
| 10. SIGNATURE OF FIRST WITNESS <i>Henry Wilde</i> | 11. DATE SIGNED 9-7-79 | Subscribed & sworn to before me this 7th day of Sept 19 79 |
| 12. AGE OF WITNESS 62 | 13. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED Son | Notary Public <i>Johnnie Murray</i> |
| 14. ADDRESS OF WITNESS (Street, City, State, Zip) 2555 Saddle Drive SLG, UT | | Residence Plant Lake Co (SEAL) |
| | | My commission expires May 29, 1983 |

OATH OF SECOND WITNESS

I hereby certify, under penalty of perjury, that I have personal knowledge of the above facts and that the information given above is true and correct.

| | | |
|--|--|--|
| 15. SIGNATURE OF SECOND WITNESS <i>H. Kander</i> | 16. DATE SIGNED 9/7/79 | Subscribed & sworn to before me this 7th day of Sept 19 79 |
| 17. AGE OF WITNESS 66 | 18. RELATIONSHIP OF WITNESS TO THE PERSON WHOSE RECORD IS BEING AMENDED Employee Family Friend | Notary Public <i>Johnnie Murray</i> |
| 19. ADDRESS OF WITNESS (Street, City, State, Zip) 1922 | | Residence Plant Lake Co (SEAL) |
| | | My commission expires May 29, 1983 |

FOR USE OF STATE OR LOCAL REGISTRAR

| | |
|------------------------------------|--|
| 20. DATE ACCEPTED 9-7-79 | 21. OFFICE (City, State, Zip) <i>Johnnie Murray</i> |
|------------------------------------|--|

Utah-1355 (8-1983) Rev. 1/78

DATE ISSUED

DEC 20 2013

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Janice L. Houston
State Registrar
Rev. 2/13



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UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah Summit County

